

## **NOT-FOR-PROFIT BUSINESS**

### **REQUIREMENTS:**

1. Completed license application.
2. Proof of 501c(3) status.
3. You must contact the Fire Department at (573)634-6407 or (573)634-6401 to schedule a fire inspection prior to opening your business. You will not be allowed to open for business until approved by the Fire Department.

Completed application (and all applicable documentation) may be dropped off at or mailed to:

City of Jefferson, John G. Christy Municipal Building  
Attn: Business Licensing  
320 E. McCarty Street, Room 202  
Jefferson City, MO 65101

We also accept submittal of your application (and all applicable documentation) by email ([billing@jeffcitymo.org](mailto:billing@jeffcitymo.org)) or fax (573-634-6329).

You may find the relevant City code, Chapter 17 – Licenses, Taxation and Miscellaneous Business Regulations – online at [www.jeffcitymo.org/clerk/citycode.html](http://www.jeffcitymo.org/clerk/citycode.html). You are encouraged to review its contents.

Contact the Business License Administrator at (573) 634-6322 or [billing@jeffcitymo.org](mailto:billing@jeffcitymo.org) for any further questions.

### **Sec. 17-34. Charitable Corporations exempt if not charging a sales tax.**

Notwithstanding any provision to the contrary, a business registered as a 501C3 corporation with the IRS and in good standing with the State of Missouri, which is not required to charge a sales tax, shall not be required to have a business license to conduct business within the City, so long as the business completes and files the application for a business license with the City of Jefferson in a timely fashion.

### **BENEFICIAL REFERENCES:**

1. To see if you qualify for a Cole County Merchants License, contact the Cole County Collector's office located at 311 E. High Street, Room 100 or call (573) 634-9124 or you may go to their website: <http://www.colecountycollector.org/collector.htm?id=117>
2. To register your business name, you may either go to the Missouri Secretary of State's office located at 600 West Main Street, call (573) 751-4153 or go their website: <http://www.sos.mo.gov/forms/corp/corp56.pdf>
3. To decide which form of business entity you wish to establish, you may visit the local IRS office located at 3702 West Truman Boulevard., call (573) 635-6827 or you may go to their website : <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Business-Structures>
4. To apply for a Federal Employee Identification number, you may visit the local IRS office located at 3702 West Truman Boulevard or call (573) 635-6827 or you may go to their website: <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-EINs>
5. To apply for a Missouri State Sales Tax number, contact the Missouri Department of Revenue at (573)751-9268 or visit their website: <http://dor.mo.gov/business/>



OFFICE OF THE CITY LICENSE INSPECTOR  
320 EAST MCCARTY ST.  
JEFFERSON CITY, MO 65101  
PHONE: (573)634-6322 FAX: (573)634-6329  
EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)

# **NOT-FOR-PROFIT BUSINESS LICENSE APPLICATION**

CHECK ONE OF THE FOLLOWING: NEW BUSINESS: ☐ CHANGE IN LOCATION: ☐ CHANGE IN OWNERSHIP: ☐

BUSINESS NAME: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

BUSINESS PHYSICAL LOCATION: \_\_\_\_\_

MAILING ADDRESS  
(IF DIFFERENT THAN ABOVE): \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS/GOODS/  
SERVICES TO BE OFFERED (Be Specific): \_\_\_\_\_

APPROXIMATE # OF EMPLOYEES: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER HOME ADDRESS: \_\_\_\_\_

OWNER PHONE # \_\_\_\_\_

FEDERAL EMPLOYEE ID# OR DRIVERS LICENSE # \_\_\_\_\_

ALARM COMPANY NAME & PHONE  
NUMBER (IF APPLICABLE): \_\_\_\_\_

EMERGENCY AFTER HOUR CONTACT  
NAME & PHONE NUMBER: \_\_\_\_\_

I affirm that the information on this application is factual, that this business will be conducted in accordance with all applicable State and City laws and that all City taxes/fees have been paid. I understand that if I am approved that any false statements made by me on this application may result in the revocation of this license.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner/Officer/Authorized Agent)

PRINT NAME OF SIGNER: \_\_\_\_\_ TITLE OF SIGNER: \_\_\_\_\_

YOU MAY FIND THE APPLICABLE CITY CODE, CHAPTER 17 – LICENSES, TAXATION AND MISCELLANEOUS BUSINESS REGULATIONS, ONLINE AT [WWW.JEFFCITYMO.ORG/CLERK/CITYCODE.HTML](http://WWW.JEFFCITYMO.ORG/CLERK/CITYCODE.HTML). YOU ARE ENCOURAGED TO REVIEW IT'S CONTENTS.

**JEFFERSON CITY FIRE DEPARTMENT**  
**BUSINESS LICENSE REGISTRATION AND INSPECTION REQUEST**

The Jefferson City Fire Department requires that all new businesses be inspected before opening for business. As defined in the International Fire Code 2000 all businesses will be inspected.

**106.1 Inspection Authority**

The code official is authorized to enter and examine any building, structure, marine vessel, vehicle, or premises in accordance with Section 104.3 for the purpose of enforcing this code.

**Business owners will be required to contact the Fire Department no later than five business days prior to the business opening** to schedule an inspection of the property. Businesses that require an inspection are **new businesses OR businesses relocating to a new location**. You will not need an inspection for a home based business or a business outside Jefferson City limits. **Businesses will not be allowed to open** until an inspection is completed by the Jefferson City Fire Department. Please call (573)634-6407 or (573)634-6401 to schedule all inspections.

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Opening: \_\_\_\_\_

**CHECK ONE:**

New Business \_\_\_\_\_ Change in location or business type \_\_\_\_\_ Change in ownership \_\_\_\_\_

I \_\_\_\_\_ understand that it is the responsibility as a business owner, partner, or manager with the business listed above to contact the Fire Department no later than five business days prior to the business opening to request an inspection of the property listed above. An inspection will be scheduled within said week depending on availability.

Signature \_\_\_\_\_

For Office Use Only:

Date inspection requested:		Inspector Approved/Denied:	
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*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*